



CM03024J

Effective on 12/08/2004

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)

**FEE TRANSMITTAL**

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27**Complete if Known**

Application Number	09/826,503
Filing Date	April 5, 2001
First Named Inventor	Charles H. Carter, Jr.
Examiner Name	Graham, Andrew R.
Group Art Unit	2644
Attorney Docket No.	CM03024J

TOTAL AMOUNT OF PAYMENT (\$)**1,200.00****METHOD OF PAYMENT (check all that apply)**

- ☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_
- ☒ Deposit Account Deposit Account Number: **502117** Deposit Account Name: **MOTOROLA, INC.**
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**
- ☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments
- under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
Application Type	Fee (\$)	Small Entity Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	\$1,000.00
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
7 - 20 or HP=	0 x	50 =
HP=highest number of total claims paid for, if greater than 20	Fee Paid (\$)	0
Multiple Dependent Claims		Fee (\$)
0		Fee Paid (\$)
0		0

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
4 - 3 or HP=	1 x	200 =	200
HP=highest number of independent claims paid for, if greater than 3			

**3. APPLICATION SIZE FEE:**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
100 - 100 =	0 /50 =	0 (round up to a whole number) x	0	0

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: \_\_\_\_\_

Fee Paid (\$)

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Barbara R. Dautre	Registration No.	39,505
Signature	<i>Barbara R. Dautre</i>	Telephone	(954) 723-6449
Date	December 28, 2004		